

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593796

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1				
2	1	1				
3		1				
4		1				
5		1				
6	1					
7		1				
8	1					
9		1				
10		2				
11	1					
12		1				
13		1				
14		1				
15	1					
16		1				
17	1					
18		2				
19		2				
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TOTAL IND.	16					
TOTAL DEP.	22					
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						